## PART B - FEE(S) TRANSMITTAL

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**Commissioner for Patents** Alexandria, Virginia 22313-1450 (703)746-4000

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08/13/2003

Jonathan A. Platt Nineteenth Floor 1621 Euclid Avenue Cleveland, OH 44115-2191



ISSUE FEE

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Jonathan A. Plant	(Depositor's name)
Jeth Colle	(Signature)
November 7, 2003	(Date)

TOTAL FEE(S) DUE

1	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
•	10/015 061	12/11/2001	Pyong K Park	PD00W009	7217

TITLE OF INVENTION: ELECTROMAGNETIC COUPLING

SMALL ENTITY

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CFR 1.363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicate	nce address or indication of lence address (or Change of 22) attached. ion (or "Fee Address" Indic or more recent) attached. U	Correspondence the or single attention form the of a Customer to the original transfer of a Customer to the original transfer of a Customer transfer of a Customer transfer of a Customer transfer or the original transfer o	For printing on the patent free names of up to 3 registered agents OR, alternatively, (2 agle firm (having as a mentorney or agent) and the nagistered patent attorneys or aglisted, no name will be printed	I patent attorneys the name of a laber a registered lames of up to 2 labers. If no name	r, Otto, Boisselle ar, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

APPLN TYPE

Raytheon Company

## Waltham, Massachusetts

PURLICATION FFF

Please check the appropriate assignee category or categories (will not be	rinted on the patent)				
4a. The following fee(s) are enclosed:	p. Payment of Fee(s):				
XIssue Fee	X A check in the amount of the fee(s) is enclosed.				
	☐ Payment by credit card. Form PTO-2038 is attached.				
	$\Sigma$ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $18-0988$ (enclose an extra copy of this form).				

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(Authorized Signature) Ionathan A. Platt, (Date Reg. No. 41,255	11/7/03
Reg. No. 41,255	
TE; The Issue Fee and Publication Fee (if required) will not	be accepted from anyon
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11/14/2003 WASFAW2 00000042 10015061

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